

DO NOT WRITE IN THIS SPACE

## OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Y	N	Incident Report
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Investigation Completed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Investigation Made at Scene
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Photographs
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Revised
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fatally
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hit and Run

(1) Reporting Agency		Case Number (Agency Use)									
OKLAHOMA HIGHWAY PATROL		21-007675									
(2) Date of Collision (mm/dd/yyyy)		Time	County Number and Name								
04/05/2021		2215	58 OTTAWA								
(3) Distance from Nearest City or Town Limits		Control #	Int ID	Location	East Grid	North Grid	Administrative				
ME <input type="checkbox"/> N <input type="checkbox"/> S 0009		Mi <input checked="" type="checkbox"/> E <input type="checkbox"/>	E <input type="checkbox"/>	00 00 00 .00	033	5 034	9 PARIS				
(4) Street, Road or Highway		Distance from		(Nearest) Intersecting Street, Road or Highway							
I-44 (WILL ROGERS TURNPIKE)		At 0006		Mi <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	of TPU 81.66						
(5) Unit	Occupants	Type	Hit & Run	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)	Sex		
01	01	D <input type="checkbox"/>	<input checked="" type="checkbox"/>	SINGH	AMANDEEP			07/10/1990	M		
(6) Address		City		State		Zip	Telephone (Use Area Code)				
410 REMINGTON PT		GREENWOOD		IN		46143	(317)431-8907				
(7) Driver License Number		State		Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use	
9370590926		IN		A			1 0		01	04	
(8) Ejected Extricated Test (% BAC)		Transported by		To Medical Facility		License Plate Number		State Month Year			
Air Bag	1 1 0 5 0.					XP36115		CA	12	2021	
(9) VIN		Vehicle Year		Color	2nd Color	Make	Model	Veh. Conf.			
3AKJGLD54GSGT0183		2016		WHI	0	FRHT	CENT	10	Extent of Damage 4		
(10) Insurance Company Name		Policy Number		Insurance Telephone (Use Area Code)							
Verification	3 CONTINENTAL INS SOLUTIONS	FLCA192600153		(317)480-0159							
(11) Vehicle Removed by		Owner's Last Name		First		Middle		Suffix			
Driver	SANTA FE WRECKER	Same as Driver									
(12) Owner's Address		City		State		Zip	Oversized Load		0 00	Rolled <input type="checkbox"/> Phore present <input checked="" type="checkbox"/> Burned <input type="checkbox"/> Phore in use <input type="checkbox"/>	
(13) Citation Number		Statute/Ordinance Number		47.11-901	Citation Number			Statute/Ordinance Number			
(14) Unit		Occupants	Type	Last Name	First	Middle	Suffix	Date of Birth (mm/dd/yyyy)			Sex
02	01	D <input type="checkbox"/>	<input checked="" type="checkbox"/>	HAYWARD	ALEC	STONE		06/10/1998			M
(15) Address		City		State		Zip	Telephone (Use Area Code)				
1006 CANBRIDGE		COMMERCE		OK		74354	(918)533-7444				
(16) Driver License Number		State		Class	Endorsement(s)	Restriction(s)	Inj. Sev.	Type of Injury	Drv./Ped. Cond.	OP Use	
F083619235		OK		D			1 0		01	04	
(17) Ejected Extricated Test (% BAC)		Transported by		To Medical Facility		License Plate Number		State Month Year			
Air Bag	1 1 0 5 0.					W28134		OK	01	2022	
(18) VIN		Vehicle Year		Color	2nd Color	Make	Model	Veh. Conf.			
1FVABPBW91HH55621		2001		WHI	0	FRGT	CENT	06	Extent of Damage 3		
(19) Insurance Company Name		Policy Number		Insurance Telephone (Use Area Code)							
Verification	3 NATIONAL LIABILITY	73TRR247126		(800)356-5750							
(20) Vehicle Removed by		Owner's Last Name		First		Middle		Suffix			
Driver	GARNERS WRECKER	Same as Driver									
(21) Owner's Address		City		State		Zip	Oversized Load		0 00	Rolled <input type="checkbox"/> Phore present <input checked="" type="checkbox"/> Burned <input type="checkbox"/> Phore in use <input type="checkbox"/>	
(22) Citation Number		Statute/Ordinance Number		Citation Number			Statute/Ordinance Number				
(23) Investigating Officer		Badge Number		Tri/Div. Assigned	Tri/Div. Location	Reviewer (InL)	Reviewer Badge Number	Date of Report (mm/dd/yyyy)			
C Rohr		344		XA	XA	TWG	83	04/06/2021			
Unit/Type		Injury Severity		Type of Injury	Driver/Pedestrian Condition		Occupant Protection (OP) in Use				
D Driver	2 Other Cyclist	0 N/A	4 Incapacitating	0 N/A	3 Trunk	00 Not Applicable	05 Under the Influence of Drugs	08 It (Sick)	00 Not Applicable	05 Child Restraint Type Unknown	
P Pedestrian	C Parked Car	1 No injury	5 Fatal	1 Head	Internal	01 Apparently Normal	09 Drowsy/Faint	10 Emotional	01 None Used	06 Restraint Used - Type Unknown	
X Pedestrian	A Animal	2 Possible	8 Unknown	2 Trunk	4 Arms	02 Drinking - Ability Impaired	05 Medications	11 Other	02 Lap Belt Only	11 Other	
Conveyance	T Train	3 Non-Incapacitating		External	5 Legs	03 Odor of Alcohol/Beverage	06 Very Tired	03 Shoulder Belt Only	07 Helmet	SE Unknown	
B Bicyclist				9 Unknown	9 Unknown	04 Illegal Drugs	07 Sleepy	04 Shoulder and Lap Belt	08 Child Restraint - Forward Facing		
Air Bag Deployed		Ejected	Extricated	Chemical Test		Extent of Damage	Insurance Verification	Oversized Load	Towed Vehicle Type		
0 Not Applicable	4 Deployed - Other (knee, air belt, etc.)	0 Not Applicable	3 Ejected, Totally	0 N/A	4 Test Refused	0 N/A	3 Operator	0 N/A	05 Another Vehicle	08 Stock Trailer	
1 Not Deployed	5 Deployed - Combination	1 Not Ejected	9 Unknown	1 No	5 None Given	1 None	4 Exempt	N Not Permitted	06 Utility Trailer	10 Camping Trailer	
2 Deployed - Front	5 Deployed - Side	2 Ejected, Partially	2 Yes	2 Breath	6 Other	2 Minor	9 Unknown	F Permitted	02 House Trailer	07 Homemade	
3 Deployed - Side	9 Deployment Unknown			3 Blood/Breath		2 Owner			03 Farm Trailer	11 Combination	
WARNING - STATE LAW		Use of contents for commercial solicitation is unlawful									

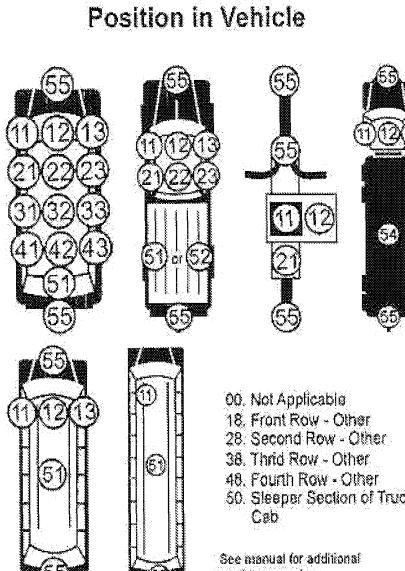
Case Number 21-007675

Page 2 of 4

(24) Unit		Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
Injured	<input type="checkbox"/>	Passenger	<input type="checkbox"/>					
Witness	<input type="checkbox"/>	Prop. Owner	<input type="checkbox"/>					
(25) Address		City			State	Zip	Telephone (Use Area Code)	
Same as Driver								
(26) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type
(27) Unit		Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
Injured	<input type="checkbox"/>	Passenger	<input type="checkbox"/>					
Witness	<input type="checkbox"/>	Prop. Owner	<input type="checkbox"/>					
(28) Address		City			State	Zip	Telephone (Use Area Code)	
Same as Driver								
(29) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type
(30) Unit		Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
Injured	<input type="checkbox"/>	Passenger	<input type="checkbox"/>					
Witness	<input type="checkbox"/>	Prop. Owner	<input type="checkbox"/>					
(31) Address		City			State	Zip	Telephone (Use Area Code)	
Same as Driver								
(32) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type
(33) Unit		Pos in Veh.	Last Name	First	Middle	Suffix	DOB(mm/dd/yyyy)	Sex
Injured	<input type="checkbox"/>	Passenger	<input type="checkbox"/>					
Witness	<input type="checkbox"/>	Prop. Owner	<input type="checkbox"/>					
(34) Address		City			State	Zip	Telephone (Use Area Code)	
Same as Driver								
(35) Injury Severity / Type		OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility	Property Type

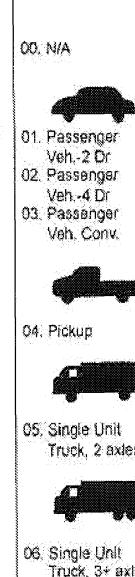
**Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER.**

(38) Unit	Carrier Name		Address											
01	SMART FUTURE EXPRESS		3165 W SHIELDS											
(37) City	FRESNO			State	Zip	GWRR	<input type="checkbox"/>	0 - 10K lbs.	<input type="checkbox"/>	Axle Qty.	Cargo Body	Vehicle Use		
				CA	93722	GCWR	<input checked="" type="checkbox"/>	10,001 - 25K lbs.	<input type="checkbox"/>	05	03	Interstate Commerce		
								25K+ lbs.	<input type="checkbox"/>			Intrastate Commerce		
(38) U.S. DOT Number	3219331			NASI Report Number		Placard Number		Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release				
				OK							Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
											No	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
(39) Unit	Carrier Name		Address											
02	COLLINS WRECKER		320 S MAIN											
(40) City	COMMERCE			State	Zip	GWRR	<input checked="" type="checkbox"/>	0 - 10K lbs.	<input type="checkbox"/>	Axle Qty.	Cargo Body	Vehicle Use		
				OK	74339	GCWR	<input type="checkbox"/>	10,001 - 25K lbs.	<input checked="" type="checkbox"/>	03	00	Interstate Commerce		
								25K+ lbs.				Intrastate Commerce		
(41) U.S. DOT Number	3304262			NASI Report Number		Placard Number		Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Release				
				OK							Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
											No	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>

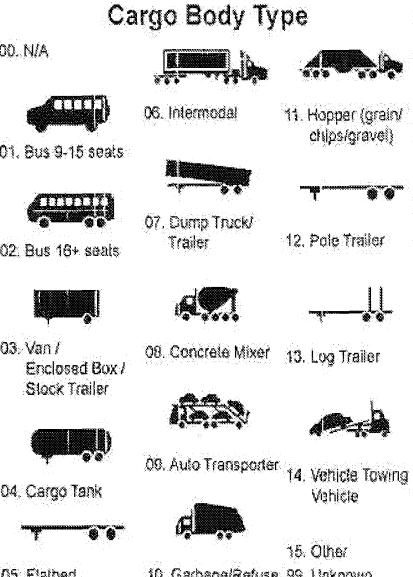


- 00. Not Applicable
- 18. Front Row - Other
- 28. Second Row - Other
- 38. Third Row - Other
- 48. Fourth Row - Other
- 50. Sleeper Section of Truck Cab

See manual for additional  
testing examples.



Vehicle Configuration		
	07. School Bus	13. Bus/Large Van 9-15 occupants including driver
	08. Truck/Trailer	18. Farm Machinery
	09. Truck-Tractor (Bobtail)	14. Bus 16+ occupants including driver
	10. Truck-Tractor/ Semi-Trailer	19. ATV
	11. Truck-Tractor/ Double	20. SUV
	12. Truck-Tractor/ Triple	15. Motorcycle
	16. Motor Scooter/ Moped	21. Passenger Van
	17. Motor Home	22. Truck more than 10,000 lbs., Cannot Classify
	23. Van 10,000 lbs. or Less	24. Other
		99. Unknown



Unit	Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking	Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
This unit will correspond to 'Unit 1'	01	02	75					
This unit will correspond to 'Unit 2'	02	02	75					
Light	2	What Vehicle Was Going to Do	Unit 1 Unit 2	Underride/Override	Unit 1 Unit 2		Type of Work Zone	Location of the Work Zone Collision
1 Daylight	00	01	12				1 Lane Closure	1 Before the First Work Zone Warning Sign
2 Dark-Not Lighted		00					2 Lane Shift/Crossover	2 Advance Warning Area
3 Dark-Lighted		00					3 Work on Shoulder or Median	3 Transition Area
4 Dawn		00					4 Intermittent or Moving Work	4 Activity Area
5 Dusk		00					5 Unknown	5 Termination Area
6 Dark-Unknown Lighting		00						6 Unknown
7 Other		00						
9 Unknown		00						
Weather	01						Workers Present Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
01 Clear		00						
02 Fog/Smog/Smoke		00						
03 Cloudy		00						
04 Rain		00						
05 Snow		00						
06 Sleet/Hail (Freezing Rain/Drizzle)		00						
07 Severe Crosswind		00						
08 Blowing Snow		00						
09 Blowing Sand, Soil, Dirt		00						
10 Other		00						
99 Unknown		00						
Locality	5	What Vehicle Did	Unit 1 Unit 2	Traffic Control	Unit 1 Unit 2		Unsafe / Unlawful Contributing Factors	
1 Residential	00	01	12	00	00		FAILED TO YIELD	49 Tires
2 Business		00					01 From Stop Sign	50 Suspension
3 Industrial		00					02 From Yield Sign	51 Headlights
4 School		00					03 Private Drive	52 Tail Lights
5 Not Built-up		00					04 County Road at Through Highway	53 Stop Lights
6 Mixed Use		00					05 Turn Lane	54 Wheel
7 Other		00					06 From Signal Light	55 Exhaust System
9 Unknown		00					07 From Alley	56 Windshield Wipers
Type of Intersection	0	What Vehicle Did	Unit 1 Unit 2	Traffic Control	Unit 1 Unit 2			08 To Pedestrian
0 Not an Intersection	00	01	12	00	00		09 To Vehicle on Right	0 LEFT OF CENTER
2 Y-Intersection		00					10 To Vehicle in Intersection	58 In Meeting
3 T-Intersection		00					11 No Passing Zone (Unmarked)	59 No Passing Zone (Unmarked)
4 Four-Way Intersection		00					12 Marked Zone	60 Marked Zone
5 Five-Point or More Intersection		00					13 Other	61 Other
6 Intersection as Part of Interchange		00					14 FOLLOWED TOO CLOSELY	IMPROPER OVERTAKING
7 Traffic Circle		00					15 Human Element	62 In Marked Zone
8 Roundabout		00					16 Traffic Condition	63 On Hill/Curve
9 Unknown		00					17 Weather Condition	64 At Intersection
Incident Type	00	Visibility Obscured by	Unit 1 Unit 2	Road Surface Conditions	Unit 1 Unit 2		UNSAFE SPEED	65 Without Sufficient Clearance
00 Not an Incident	00	00	00	01	01		16 Driver's Ability (Aged)	66 Other
51 Private Property		00					17 Inexperienced Driver - Young	IMPROPER PARKING
52 Deliberate Intent		00					18 Exceeding Legal Limit	67 On Roadway
53 Medical Condition		00					19 For Traffic Conditions	68 Where Prohibited
54 Legal Intervention		00					20 For Type of Roadway (Gravel, Dirt, etc.)	69 Other
55 Suicide		00					21 For Ice or Snow on Roadway	INATTENTION
57 Drowning		00					22 Rain or Wet Roadway	70 Distracted by Passenger in Vehicle
58 Other		00					23 Wind	71 Other Distraction Inside Vehicle
Location of First Harmful Event	01	Visibility Obscured by	Unit 1 Unit 2	Road Surface Conditions	Unit 1 Unit 2		24 Other Weather Conditions	72 Distraction From Outside Vehicle
01 On Roadway	00	00	00	01	01		25 Vehicle Condition	73 Other
02 Shoulder		00					26 View Obstruction	WRONG WAY
03 Median		00					27 On Curve/Turn	74 On One Way
04 Roadside		00					28 Impeding Traffic	75 On Exit Ramp
05 Gore		00					29 Other	76 On Entrance Ramp
06 Separation		00					30 From Wrong Lane	77 Other
07 Parking Lane/Zone		00					31 From Direct Course	IMPROPER START FROM
08 Off Roadway, Location Unknown		00					32 Right	78 Parked Position
09 Outside Right-of Way		00					33 Left	79 Other
10 Other		00					34 Turn About/U-Turn	80 ALCOHOL-DUI/DWI
99 Unknown		00					35 To Enter Private Drive	81 DRUG-DUI
Driver Distracted by	9	Unit 1 Unit 2	Road Surface Type	Unit 1 Unit 2			36 In Front of Oncoming Traffic	OTHER IMPROPER ACT/ MOVEMENT
0 Not Applicable/None	00	00	1	1			37 Other	82 Failed to Signal
1 Electronic Communication Devices		00	2	2			38 CHANGED LANES UNSAFELY	83 Disregarded Warning Signal
2 Other Electronic Device		00	3	1			39 STOPPED IN TRAFFIC LANE	84 Improper Use of Lane
3 Other Inside Vehicle		00	4	1			40 FAILED TO STOP	85 Improper Backing
4 Other Outside Vehicle		00	5	1			41 For Stop Sign	86 Apparently Sleepy
9 Unknown		00	6	1			42 For Traffic Signal	87 Failed to Secure Load
Pedestrian / Pedalcyclist Only		00	7	1			43 For School Bus	88 Other/Unknown
Location at Time of Collision		00	8	1			44 For Charter Bus	UNKN/NO IMPROPER ACT
Safety Equip.		00	9	1			45 For Transit Bus	89 Deer in Roadway
Unit Number of Vehicle Striking		00	10	1			46 For Intercity Bus	90 Animal in Roadway
Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section)			11	1			47 For Railroad Gates/ Signal	91 Domestic Animal in Rdwy
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			12	1			48 For Other Police	92 Avoiding Other Vehicle
			13	1			49 For Other Law Enforcement	93 Avoiding Pedestrian
			14	1			50 For Ambulance	94 Object/Debris in Roadway
			15	1			51 For Fire Truck	95 Defect in Roadway
			16	1			52 For Public Owned Vehicle	96 Abnormal Traffic Control
			17	1			53 For Highway Equipment	97 Improper Bicyclist Action
			18	1			54 For Special Mobilized Machine	98 NO IMPROPER ACTION BY DRIVER
			19	1			55 For Other	99 PEDESTRIAN ACTION
			20	1				
			21	1				
			22	1				
			23	1				
			24	1				
			25	1				
			26	1				
			27	1				
			28	1				
			29	1				
			30	1				
			31	1				
			32	1				
			33	1				
			34	1				
			35	1				
			36	1				
			37	1				
			38	1				
			39	1				
			40	1				
			41	1				
			42	1				
			43	1				
			44	1				
			45	1				
			46	1				
			47	1				
			48	1				
			49	1				
			50	1				
			51	1				
			52	1				
			53	1				
			54	1				
			55	1				
			56	1				
			57	1				
			58	1				
			59	1				
			60	1				
			61	1				
			62	1				
			63	1				
			64	1				
			65	1				
			66	1				
			67	1				
			68	1				
			69	1				
			70	1				
			71	1				
			72	1				
			73	1				
			74	1				
			75	1				
			76	1				
			77	1				
			78	1				
			79	1				
			80	1				
			81	1				
			82	1				
			83	1				
			84	1				
			85	1				
			86	1				
			87	1				
			88	1				
			89	1				
			90	1				
			91	1				
			92	1				
			93	1				
			94	1				
			95	1				
			96	1				
			97	1				
			98	1				
			99	1				
Point of First Contact on Vehicle	Unit 1	Unit 2						
Most Damaged Area	Unit 1	Unit 2						
10 Not Applicable	11	07						
11 Yes	11	07						
12 Unknown	11	07						
13 Top	11	07						
14 Undercarriage	11	07						
15 Unknown	11	07						

Case Number 21-007675

Longitude

Latitude 36.9278

Railroad Crossing Number

Roadway Orientation

Pg 4 of 4

N

-94.7366

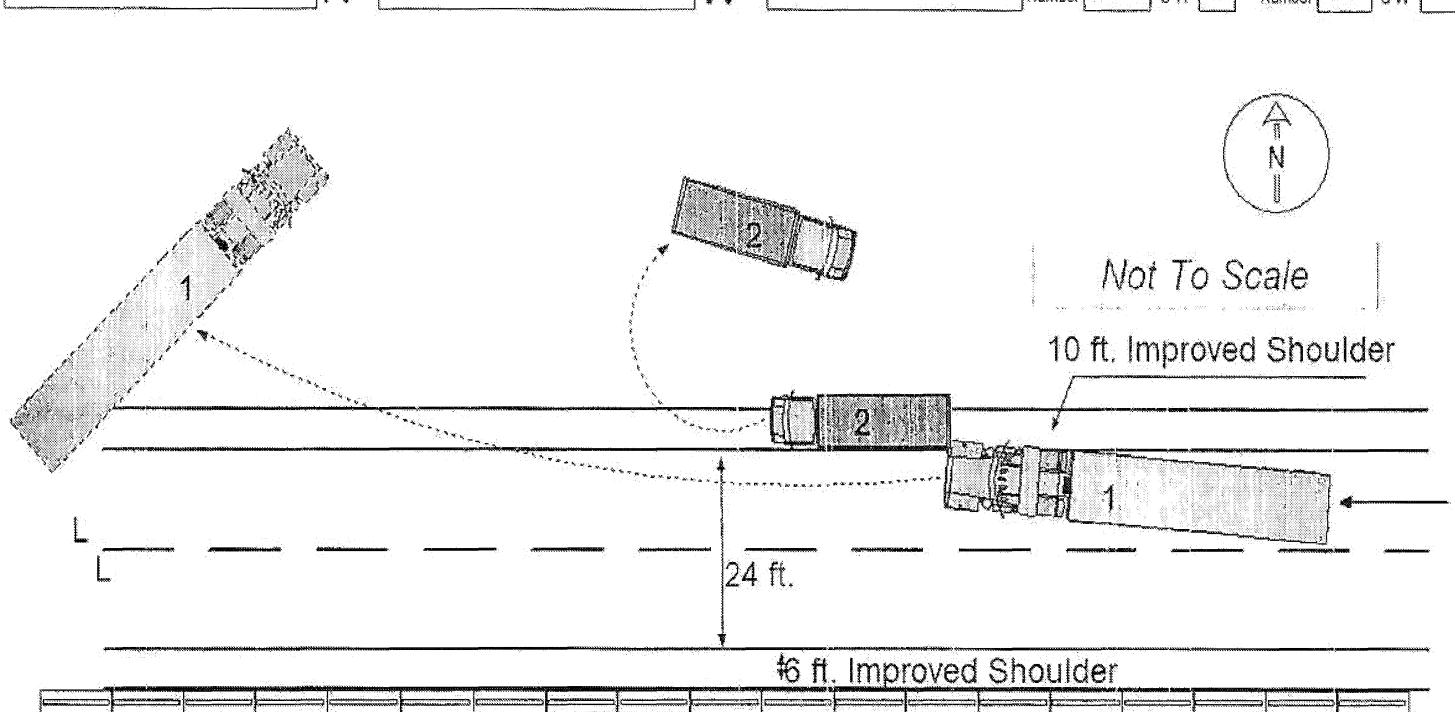
W

Unit Number 01

N E S W W

Unit Number 02

N E S W W



WB Lanes Only of I-44 (WRTP)

Concrete Barrier Wall

.6 MI TPU 81.66

## COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	First Harmful Event for the Entire Collision
01	34	17	00	00	17	34
02	35	00	00	00	35	

00	Not Applicable
10	Overtur/Rollover
11	Fire/Explosion
12	Immersion
13	Jackknife
14	Cargo/Equipment Loss or Shift
15	Equipment Failure (Blown Tire, Brake Failure, etc.)
16	Separation of Units
17	Departed Road Right
18	Departed Road Left
19	Cross Median/Centerline
20	Downhill Runaway

21	Fell/Jumped From Motor Vehicle
22	Thrown Or Falling Object
23	Other Non-Collision
30	PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT:
31	Pedestrian
32	Pedal Cycle
33	Railway Vehicle (train, engine)
34	Animal
35	Motor Vehicle in Transport
36	Parked Motor Vehicle
	Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle

37	Work Zone/Maintenance Equipment
38	Other Non-Fixed Object
40	FIXED OBJECT:
41	Barrier (Cable)
42	Barrier (Concrete)
43	Barrier (Other)
44	Fence Pole
45	Fence
46	Traffic Signal Support
47	Traffic Sign Support
48	Utility Pole/Light Support
49	Other Post/Pole/Support
50	Guardrail/Guardrail Face
51	Guardrail End
52	Culvert
53	Curb
54	Island
55	Sand Barrels
56	Impact Attenuator/ Crash Cushion
57	Pavement Drop-Off
58	Ditch
59	Embankment
60	Tree (Standing)
61	Dividing Strip
62	Retaining Wall
63	Bridge Abutment
64	Bridge Pier or Support
65	Bridge Rail
66	Bridge Post
67	Bridge Curb
68	Bridge Super Structure (Beams)
69	Bridge Overhead Structure
70	Delineator
71	Mailbox
72	Other Fixed Object
73	Other Highway Structure
99	Ground
	Unknown

## Remarks

ALL MEASUREMENTS ARE APPROXIMATE. UNIT 1 WAS WB ON I-44 IN THE OUTSIDE LANE. UNIT 2 WAS A LEGALLY PARKED TOW TRUCK, PARKED ON THE WB SHOULDER OF I-44, ASSISTING A BROKEN DOWN MOTORIST. UNIT 1 WAS INATTENTIVE AND LEFT THE ROADWAY RIGHT STRIKING THE REAR LEFT OF UNIT 2 WITH IT'S FRONT RIGHT. THERE WERE NO SKIDMARKS BEFORE OR AFTER IMPACT. AOI WAS 1 FT. NORTH EDGE OF THE WB LANES OF I-44 AND .6 MI EAST OF THE EAST EDGE OF TPU 81.66. AOR FOR UNIT 1 WAS 42 FT NW OF THE AOI. AOR FOR UNIT 1 WAS 133 FT. NW OF AOI.



**OKLAHOMA HIGHWAY PATROL  
OKLAHOMA UNIFORM VIOLATIONS COMPLAINT**

IN THE DISTRICT COURT OF OTTAWA COUNTY  
STATE OF OKLAHOMA

**SUMMONS**

On or about (date) 04/06/2021	at (24- hourtime) 2215	County Number	58			
at or near (location) I-44 / MM 322 WB						
Name (last, first middle) <b>SINGH, AMANDEEP</b>		Phone Number				
Address <b>410 REMINGTON</b>						
City <b>GREENWOOD</b>	State <b>IN</b>	Zip Code <b>46143</b>				
Birthdate 07/10/1990	Ht. 511	Wt. 190	Race W	Sex M	Class A	Endorsements
Driver License Number 9370590926			Withdrawal <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Month/Year 07/2025		State IN
Employer SMART FUTURE CMV			Did Unlawfully <input checked="" type="checkbox"/>	Operate <input type="checkbox"/>	Park <input type="checkbox"/>	
Make FRHT	Year 2016	Style SEMI	Color WHI	Tag XP36115	Year 2021	State CA
CMV <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	CDL <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	HazMat Placard Present or Required <input type="checkbox"/>		Accident: <input type="checkbox"/> PD <input type="checkbox"/> PI <input type="checkbox"/> FATALITY		

**Instructions to the Violator**

You must either enter a plea or appear in court at the designated time. To enter a plea, place a check mark in one of the boxes on each charge indicating Guilty or Nolo Contendere and submit payment to the court for the total amount(s) owed.

If you do not enter a plea to any of the charges below, you must appear in court at the prescribed date and time, or any subsequent dates and times as set by the court. Failure to appear at arraignment or failure to submit the appropriate bond for each charge may result in the following:

1. Suspension of your driving privileges in Oklahoma and in your home state pursuant to the Nonresident Violator Compact;
2. Your driving privileges will remain suspended until all outstanding court obligations and conditions for reinstatement have been met; and
3. Issuance of a warrant for your arrest.

DPS Citation Number <b>N229697</b>	<input type="checkbox"/> Guilty	<input type="checkbox"/> Nolo Contendere	(DPS USE) IN1
SPEEDING	MPH in	MPH Zone	Pace <input type="checkbox"/> Radar <input type="checkbox"/> Plane <input type="checkbox"/> Other
Violation Description <b>INATTENTIVE DRIVING RESULTING IN COLLISION</b>			
Contrary to Title <u>T47</u> O.S., Section <u>11-901b</u>			
Minimum Fine and Costs <u>\$249.00</u>			
Officer's Remarks: <b>XA-07675-21</b>			

I, the undersigned arresting officer, hereby certify and swear that I have read the foregoing information and know the facts and contents thereof and that the facts supporting the criminal charges stated therein are true.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Rohr \_\_\_\_\_ 04/06/2021 344 XA  
Signature of Officer Date Badge No. Troop

Court appearance on or before: 12 day of MAY, 2021 at 1:30 PM

Address of Court OTTAWA CO, 102 EAST CENTRAL AVE., STE 203  
MIAMI, OK 74354

Phone Number of Court 918-542-2801

Mailing Address of Court  
OTTAWA CO, 102 EAST CENTRAL AVE., STE 203  
MIAMI, OK 74354

<input checked="" type="checkbox"/> Signed Personal Recognizance	<input type="checkbox"/> Bond Attached	<input type="checkbox"/> Magistrate	<input type="checkbox"/> Jail	<input type="checkbox"/> Other
--	--	-------------------------------------	-------------------------------	--------------------------------

Juvenile Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Make Payment Payable to Court Clerk

Total Minimum Fine and Costs \$249.00

**Plea and Waiver of Rights**

I, the undersigned, hereby enter my plea, and waive my right to trial by court or jury, to the charges as I have indicated above.

I have enclosed a check or money order (DO NOT MAIL CURRENCY) for the total amount of all fines and costs owed for the charges to which I have entered a plea. Under Oklahoma law a dishonored check or other dishonored payment is considered "NONPAYMENT" of the fine and costs. I agree to appear for arraignment on the specified dates for any remaining charges.

Signature \_\_\_\_\_

Date \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

**Promise to Appear**

I am being released upon my own recognizance and, WITHOUT ADMITTING GUILT, promise to contact, pay, or appear for arraignment in court on the date and time indicated above, and on any subsequent dates and times as set by the court.

I understand that failure to appear for arraignment or any other court appearance may result in suspension of my driving privileges in Oklahoma and my home state pursuant to the Nonresident Violator Compact.

Electronic Signature AMANDEEP SINGH

OKLAHOMA HIGHWAY PATROL



Case Number: 21-007675  
Collision Date: 04/05/2021 22:15  
Trooper: ROHR #344  
Location: I-44 (WILL ROGERS TURNPIKE)  
At or Near: SPRING RIVER  
City and County: MIAMI, OTTAWA

Name: SINGH, AMANDEEP  
License Number: 9370590926  
DOB: 07/10/1990  
Phone Number: 3174318907  
Address Street: 410 REMINGTON PT  
City: GREENWOOD State: IN ZIP: 46143  
Insurance Company: CONTINENTAL INS SOLUTIONS  
Insurance Phone: 3174800159  
Policy Number: FLCA192600153  
Vehicle Make: FRHT Model: CENT Year: 2016  
VIN: 3AKJGLD54GSGT0183  
Tag Number: XP36115 Tag State: CA  
Owner Name: SMART FUTURE EXPRESS  
Owner License Number:  
Owner Street: 3165 W SHIELDS  
Owner City: FRESNO State: CA ZIP: 93722

Name: HAYWARD, ALEC STONE  
License Number: F083619235  
DOB: 06/10/1998  
Phone Number: 9185337444  
Address Street: 1006 CANBRIDGE  
City: COMMERCE State: OK ZIP: 74354  
Insurance Company: NATIONAL LIABILITY  
Insurance Phone: 8003565750  
Policy Number: 73TRR247126  
Vehicle Make: FRGT Model: CENT Year: 2001  
VIN: 1FVABPBW91HH55621  
Tag Number: W28134 Tag State: OK  
Owner Name: COLLINS WRECKER  
Owner License Number:  
Owner Street: 320 S MAIN  
Owner City: COMMERCE State: OK ZIP: 74339

If you find the other driver was not insured at the time of the above referenced collision, you may complete an Oklahoma Motor Vehicle Collision Report and submit the same within 1 year of the collision to:

DPS - Driver Compliance Division

P.O. Box 11415

Oklahoma City, OK 73136-0415

Call 405-425-2098 or visit [www.dps.state.ok.us](http://www.dps.state.ok.us) with questions.